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DATE: March 22, 2006

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FROM: Theodore R. West Direct Dial: (717) 237-5349

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 4

**MESSAGE:**

In re Application No.: 09/501,553, Filed: February 9, 2000  
First Named Inventor: Haddad  
Docket No.: 22844-0005-1

**Request for Withdrawal as Attorney**

**FAX NUMBER: (717) 237-5300**

SECRETARY RESPONSIBLE: Terry Reitz TELEPHONE: (717) 237-5253

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PTO/SB/21 (02/04)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/501,553
		Filing Date	February 9, 2000
		First Named Inventor	HADDAD
		Art Unit	2611
		Examiner Name	SRIVASTAVA
Total Number of Pages in This Submission	4	Attorney Docket Number	22844-0005-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>See Remarks, below.</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	McNees Wallace & Nurick LLC K. Scott O'Brian, Attorney Reg. No. 42,946
Signature	<i>K. Scott O'Brian</i>
Date	<i>March 22, 2006</i>

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Signature	<i>[Signature]</i>	# 42,202	Date <i>3/22/2006</i>

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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CORRESPONDENCE ADDRESS**

Application Number	09/501,553
Filing Date	February 9, 2000
First Named Inventor	HADDAD
Art Unit	2611
Examiner Name	SRIVASTAVA
Attorney Docket Number	22844-0005-1

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 26,587

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

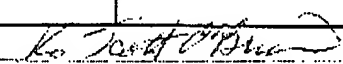
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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Joseph Haddad				
Address	Interim Design, Inc. 140 Clover Lane				
City	Elizabethtown	State	PA	Zip	17022
Country	US				
Telephone				Email	
Signature					
Name	K. Scott O'Brien, Esq			Registration No.	42,946
Date	March 22, 2006			Telephone No	(717) 232-8000

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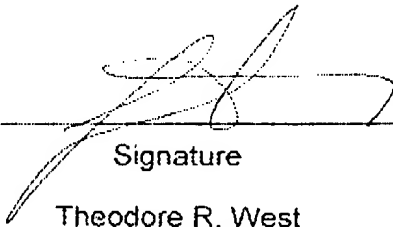
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